

Case Number:	CM15-0081377		
Date Assigned:	05/04/2015	Date of Injury:	07/11/2014
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on 7/11/2014. He reported overwork injuries while working as a casino dealer. Diagnoses have included bilateral shoulder pain, left shoulder rotator cuff tendinitis and right elbow pain. Treatment to date has included acupuncture, massage and physical therapy. According to the progress report dated 3/19/2015, the injured worker complained of bilateral shoulder pain, right greater than left. The injured worker was offered bilateral corticosteroid injections into his shoulders since he had good results with his elbow. The injections were tolerated well. Authorization was requested for corticosteroid injections to the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Corticosteroid Injections, Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, shoulder injections are recommended for 2-3 injections as part of rehabilitation for rotator cuff inflammation, shoulder impingement or small tears. In this case, the claimant did not have impingement findings, weakness indicating a tear or rotator cuff findings. As a result, the request for bilateral shoulder injections is not medically necessary.